

# Connecticut Department of Developmental Services

## 2009 Private Sector Nurse Recognition Award Nomination Process

Each year the Department of Developmental Services recognizes Nurses for their commitment to promoting optimal health care, for providing exemplary nursing care or coordination, and for contributing to the quality of life of the people they support.

### INSTRUCTIONS FOR SUBMISSION

1. Nominees may be either a RN or LPN that has been employed by the agency for a minimum of 2 years. Nurses may not self- nominate.
2. The information requested on the Nomination form shall be typed or neatly printed.
3. Attached to this nomination form shall be information that identifies or demonstrates the following:
  - **Work History:** Please list in bullet form your nominee's work history with the agency
  - **Initiative:** Please provide specific examples that demonstrate how your nominee goes beyond the basic job responsibilities to anticipate and respond to the needs of individuals, and their tendency to contribute and/or carry out new ideas or methods within their scope of practice.
  - **Advocacy:** Please provide specific examples that demonstrate how your nominee exhibits creativity and persistence when dealing with the needs and desires of individuals.
  - **Empathy, Genuine Concern, and Flexibility:** Please provide specific examples that demonstrate how your nominee goes above and beyond the call of duty to support people, staff, and/or families, and perform added duties.
  - **Team Support:** Please provide specific examples that demonstrate how your nominee maintains positive working relationships and communication with team members, and suggests and/or implements new team ideas.
  - **Application of Nursing Process:** Please provide specific examples that demonstrate how the nominee utilizes/participates in the nursing process, applies current best practice nursing standards, and demonstrates sound nursing judgment appropriate to scope of practice in the delivery and documentation of care.

**(If the nominator is not a nurse, the input of a co-nominator who is a nurse of a higher classification than the nominee must be included for this area).**
4. Each of the above areas shall be addressed separately. One narrative note that integrates these concepts is not acceptable.
5. Nominations must be received **no later than April 30, 2009**. Nominations should be sent to: [eileen.gamba@ct.gov](mailto:eileen.gamba@ct.gov) or to Eileen Gamba, 460 Capitol Ave. Hartford, CT 06106
6. Questions can be referred to Eileen Gamba at [eileen.gamba@ct.gov](mailto:eileen.gamba@ct.gov) or 860-418-6084

Honorees will be recognized at the annual Health Services Conference.

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## 2009 Private Sector Nurse Recognition Award Nomination Form

Date: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Indicate: RN \_\_\_\_\_ LPN \_\_\_\_\_

Nominee's work address: \_\_\_\_\_

\_\_\_\_\_

Nominee's telephone number: (\_\_\_\_)- \_\_\_\_-\_\_\_\_

Nominee's job title: \_\_\_\_\_

Your name: \_\_\_\_\_

Your title and relationship to nominee: \_\_\_\_\_

Your work address: \_\_\_\_\_

Your phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Other persons who contributed information to this nomination: \_\_\_\_\_

Other persons who support this nomination: \_\_\_\_\_

\*Attach to this nomination form the specific information identified in the instructions for submissions contained on the cover sheet.